

CLAIMS ONLY						Application Number <i>1050693 1</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15	1		1		1		65					
16		1		1			66					
17			1				67					
18				1			68					
19					1		69					
20						1	70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28		1		1			78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1	1	1	1	1		Total Indep					
Total Depend	13	13	13	13	13		Total Depend					
Total Claims	14	14	14	14	14		Total Claims					